GOVERNMENT OF INDIA
HUMAN RESOURCE DEVELOPMENT
LOK SABHA

UNSTARRED QUESTION NO:4718
ANSWERED ON:23.04.2002
UNICEF SPONSORED PROJECTS FOR WOMEN
SUBODH MOHITE

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether the UNICEF sponsored projects relating to life and health care of women are functioning in some of the States;

(b) if so, the details thereof, State-wise;

(c) the details of works undertaken, project-wise;

(d) whether the Union and States are also providing financial assistance for implementation of these projects; and

(e) if so, the details thereof?

Answer

MINISTER OF HUMAN RESOURCE DEVELOPMENT, MINISTER OF SCIENCE AND TECHNOLOGY AND MINISTER OF OCEAN DEVELOPMENT (DR. MURLI MANOHAR JOSHI)

(a) There are no UNICEF "sponsored" projects relating to life and health care of women. However, UNICEF support to a limited extent under the Government of India-UNICEF Master Plans of Operations and the State UNICEF Plans is available for some activities.

(b) Operationalization of First Referral Units is being piloted in six districts of Maharashtra and Rajasthan with focus on provision of Emergency Obstetric Care at PHC and FRU/District Hospital levels. Lessons learned from this project will enable a scaling up in additional districts in the next five years. Strengthening of first Referral Units is also supported in Tamil Nadu.

Strengthening of Life saving Skills for ANMs and other nursing staff and imparting Midwifery skills are piloted in Madhya Pradesh and in coming months, Uttar Pradesh, Andhra Pradesh and Karnataka.

A comprehensive project of support to essential obstetric care, emergency obstetric care, essential newborn care, maternal nutrition and low birth weight prevention is starting in districts of Orissa, West Bengal and Jharkhand.

In the past three months, UNICEF and the Department of Family Welfare, Ministry of Health & Family Welfare have developed a concept note for a new scheme of 'community midwife' aiming at bringing quality maternal care and midwifery closer to the community. This scheme should be piloted in Inter-State Border District Cluster Strategy and implemented preferably in the 8 Empowerment Action Group States.

(c) Among key activities are:

• Needs assessment for procurement of equipment.

• Supplies of medical equipment for delivery rooms and operating theaters for emergency obstetric care and newborn resuscitation.

• Training of Medical Officers in Basic and Comprehensive Emergency Obstetric Care.

• Appreciative Inquiry as a tool for management excellence and a motivational tool for hospital staff.

• Training of ANMs, LHVs, and staff nurses in Life saving Skills.

• Joint training of ANMs and Anganwadi Workers in maternal and newborn care.

• Community organization in view of increased community demand for appropriate health care for women and children.

• Training of Medical Officers and para-medical staff in essential newborn care (in collaboration with the National Neonatalogy Forum).

(d) The UNICEF supported Inter-State Border District Strategy project is an integral part of the national RCH programme and benefits from inputs from the Union and State Governments as any other integrated project.

(e) UNICEF projects dedicated to women, especially safer motherhood, are an integral part of the national RCH programmeof which they constitute an innovative approach and an intensification attempt.

Coordination and complementarity exist on all safe motherhood RCH Programme components:

• All pregnancies have to be registered by health workers.

• Pregnant women must be given two doses of tetnus toxoid immunization.

• Pregnant women must be given Iron Folic Acid tablets for prevention and treatment of anaemia.

• Pregnant women must be given three antenatal checkups which include checking their blood pressure and ruling out complications.

• Deliveries by trained personnel in safe and hygienic surroundings must be encouraged.

• Institutional deliveries should be encouraged for women having complications.

• Referrals should be made to first Referral Units for management of obstetric emergencies.

• Three post-natal checkups should be given to mothers after the delivery.

• Advocacy for spacing of at least three years between children.